

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
 before submitting or form will be returned.

## I Reporting Information

Year: 2012

Fill in circle if amendment ☒

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

RECEIVED JAN 14 2013

HAND DELIVERED

## II Client Information

Name: New York State Telecommunications Association, Inc.

Permanent Business Address: 20 Corporate Wood Boulevard

City: Albany

State: NY

ZIP code: 12211

Business Phone: 518-443-2700

Fax Number:

Third Party Beneficiary (see instructions):

## III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

**A** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

**B** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

**C** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

☐ Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ .00



**IV Other Expenses (Current Semi-Annual Period Only)**

<b>A</b> Report in the aggregate all expenses less than or equal to \$75:	\$	.00
<b>B</b> Report in the aggregate all expenses for salaries of non-lobbying employees:	\$	.00
<b>C Itemize each expense exceeding \$75:</b>		
PAID TO:	DATE:     /     /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$     .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<hr/>		
PAID TO:	DATE:     /     /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$     .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<hr/>		
<input type="radio"/> Continued on attached pages		
<small>* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.</small>		
<b>D Total expenses for current period:</b> \$ <span style="border: 1px solid black; padding: 2px 20px;">.00</span> (if applicable, include all expenses from attached pages in total)		

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name: The Champlain Telephone Co.

or  
Single Source Person's Last Name:

First Name:

Address: 1118 State Route 9

City: Champlain

State: NY

ZIP code: 12919

Phone: 518-324-4122

Date Contribution Received:	8 / 27 / 2012	Amount of Contribution:	\$ 324	.00
Date Contribution Received:	9 / 4 / 2012	Amount of Contribution:	\$ 324	.00
Date Contribution Received:	10 / 9 / 2012	Amount of Contribution:	\$ 324	.00
Date Contribution Received:	10 / 18 / 2012	Amount of Contribution:	\$ 213	.00
Date Contribution Received:	12 / 11 / 2012	Amount of Contribution:	\$ 324	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name: Chazy &amp; Westport Telephone Corporation

or  
Single Source Person's Last Name:

First Name:

Address: 2 Champlain Avenue

City: Westport

State: NY

ZIP code: 12993

Phone: 518-962-4420

Date Contribution Received:	8 / 21 / 2012	Amount of Contribution:	\$ 18	.00
Date Contribution Received:	9 / 27 / 2012	Amount of Contribution:	\$ 21	.00
Date Contribution Received:	9 / 27 / 2012	Amount of Contribution:	\$ 14	.00
Date Contribution Received:	10 / 5 / 2012	Amount of Contribution:	\$ 7	.00
Date Contribution Received:	10 / 12 / 2012	Amount of Contribution:	\$ 166	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒



**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source #3**

Single Source Entity's Name: Citizens Telephone Company of Hammond

or  
Single Source Person's Last Name: First Name:

Address: PO Box 217

City: Hammond

State: NY

ZIP code: 13646

Phone: 315-324-5911

Date Contribution Received: 10 / 11 / 2012 Amount of Contribution: \$18 .00

Date Contribution Received: 11 / 9 / 2012 Amount of Contribution: \$9 .00

Date Contribution Received: 12 / 5 / 2012 Amount of Contribution: \$232 .00

Date Contribution Received: 2 / 5 / 2012 Amount of Contribution: \$150 .00

Date Contribution Received: 12 / 5 / 2012 Amount of Contribution: \$232 .00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

**Contributions from Single Source # 4**

Single Source Entity's Name: Delhi Telephone Company

or  
Single Source Person's Last Name: First Name:

Address: 107 Main Street

City: Delhi

State: NY

ZIP code: 13753

Phone: 607-746-1540

Date Contribution Received: 9 / 18 / 2012 Amount of Contribution: \$ 7 .00

Date Contribution Received: 10 / 25 / 2012 Amount of Contribution: \$ 7 .00

Date Contribution Received: 10 / 25 / 2012 Amount of Contribution: \$ 7 .00

Date Contribution Received: 12 / 4 / 2012 Amount of Contribution: \$ 26 .00

Date Contribution Received: 12 / 5 / 2012 Amount of Contribution: \$ 187 .00

Check here if using section V(C) of the Addendum for additional Contributions:

☒

**Contributions from Single Source # 5**

Single Source Entity's Name: Dunkirk & Fredonia Telephone Company

or  
Single Source Person's Last Name: First Name:

Address: 40 Temple Street

City: Fredonia

State: NY

ZIP code: 14063

Phone: 716-673-3000

Date Contribution Received: 8 / 13 / 2012 Amount of Contribution: \$417 .00

Date Contribution Received: 8 / 27 / 2012 Amount of Contribution: \$18 .00

Date Contribution Received: 8 / 27 / 2012 Amount of Contribution: \$18 .00

Date Contribution Received: 8 / 27 / 2012 Amount of Contribution: \$14 .00

Date Contribution Received: 9 / 24 / 2012 Amount of Contribution: \$7 .00

Check here if using section V(C) of the Addendum for additional Contributions:

☒

**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source #3**

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # 6**

Single Source Entity's Name: Empire Telephone Corporation

or

Single Source Person's Last Name:

First Name:

Address: 34 Main Street

City: Prattsburg

State: NY

ZIP code: 14873

Phone: 607-522-3712

Date Contribution Received: 10 / 10 / 2012 Amount of Contribution: \$ 40 .00

Date Contribution Received: 10 / 12 / 2012 Amount of Contribution: \$ 3 .00

Date Contribution Received: 10 / 12 / 2012 Amount of Contribution: \$ 3 .00

Date Contribution Received: 10 / 12 / 2012 Amount of Contribution: \$ 3 .00

Date Contribution Received: 12 / 3 / 2012 Amount of Contribution: \$ 7 .00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # 7**

Single Source Entity's Name: Hancock Telephone Company

or

Single Source Person's Last Name:

First Name:

Address: 34 Read Street

City: Hancock

State: NY

ZIP code: 13783

Phone: 607-637-9958

Date Contribution Received: 7 / 26 / 2012 Amount of Contribution: \$ 139 .00

Date Contribution Received: 9 / 28 / 2012 Amount of Contribution: \$ 18 .00

Date Contribution Received: 9 / 28 / 2012 Amount of Contribution: \$ 7 .00

Date Contribution Received: 10 / 12 / 2012 Amount of Contribution: \$ 232 .00

Date Contribution Received: 10 / 30 / 2012 Amount of Contribution: \$ 139 .00

Check here if using section V(C) of the Addendum for additional Contributions:





**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source #3**

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source # 8**

Single Source Entity's Name: Oneida County rural Telephone Company

or

Single Source Person's Last Name:

First Name:

Address: 9560 Main Street

City: Holland Patent

State: NY

ZIP code: 13354

Phone: 315-865-5201

Date Contribution Received: 8 / 20 / 2012 Amount of Contribution: \$ 7 .00

Date Contribution Received: 9 / 27 / 2012 Amount of Contribution: \$ 7 .00

Date Contribution Received: 10 / 17 / 2012 Amount of Contribution: \$ 7 .00

Date Contribution Received: 11 / 27 / 2012 Amount of Contribution: \$ 184 .00

Date Contribution Received: 11 / 27 / 2012 Amount of Contribution: \$ 324 .00

Check here if using section V(C) of the Addendum for additional Contributions:

**Contributions from Single Source #**

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions:



Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**Instructions:** Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 2

Single Source (or Related or Affiliated ) Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ZIP code: 12993

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**Instructions:** Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Contributions from Single Source # 4

Single Source (or Related or Affiliated ) Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ZIP code: 13753

Date Contribution Received:	/	/	Amount of Contribution:	\$	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**Instructions:** Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

## Contributions from Single Source #5

or  
Single Source (or Related or Affiliated ) Person's Last Name: First Name:

Phone: 716-673-3000

Date Contribution Received:	/	/	Amount of Contribution:	\$	00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**Instructions:** Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

## Contributions from Single Source #6

or  
Single Source (or Related or Affiliated ) Person's Last Name: First Name:

City: Prattsburg

State: NY

ZIP code: 14873

Phone: 607-522-3712

[illegible]



Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**Instructions:** Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

## Contributions from Single Source #8

or  
Single Source (or Related or Affiliated ) Person's Last Name: First Name:

ZIP code: 13354

Date Contribution Received:	/	/	Amount of Contribution:	\$	.00
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**VI** Subjects lobbied:☐ Continued on attached pages**VII** Person, State Agency, Municipality or Legislative Body lobbied:☐ Continued on attached pages**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:☐ Continued on attached pages**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:☐ Continued on attached pages**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:☐ Continued on attached pages**X** Subject Matter of and tribes involved in tribal state compacts, etc lobbied:☐ Continued on attached pages**XI** Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE:*Robert D. Puckett*

DATE:

*January 16, 2012*

PRINT NAME: LAST

*PUCKETT*

FIRST

*ROBERT*

TITLE:

*PRESIDENT*

Mark One:



Chief Administrative Officer

☐ Designee(Attach Letter)**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.





NEW YORK STATE TELECOMMUNICATIONS  
ASSOCIATION, INC.  
20 CORPORATE WOODS BOULEVARD  
ALBANY, NY 12211  
(518) 443-2700 • FAX: (518) 443-2810  
[www.nysta.com](http://www.nysta.com)

HAND DELIVERED

RECEIVED JAN 14 2013

January 16, 2013

NYS Joint Commission on Public Ethics

540 Broadway

Albany, NY 12207

Gentlemen:

Attached, please find an amendment to our recently filed Client Semi-annual report for the period of July-December, 2012 No. CSR0049192. This amendment includes required information concerning "Source of Funding".

If you require additional information, please contact Carol Hill at our office.

Sincerely,

Robert R. Puckett

President